

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028328

3881 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

6 wks. 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE KANSAS b. COUNTY JOHNSON

c. CITY

OR TOWN LEAWOOD

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

RESEARCH HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

8128 MEADOW LANE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARGARET ANN GEE

4. DATE

OF

DEATH

Month

Day

Year

JULY 7 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-23-1889

9. AGE (last birthday)

73

10. UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

EMPORIA, KANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN A. WILLIAMS

13b. MOTHER'S MAIDEN NAME

SARAH DAVIES

14. NAME OF HUSBAND OR WIFE

FRANK G. GEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

8128 MEADOW LANE,

FRANK C. GEE, LEAWOOD, KANSAS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Cancer Abdomen

DUE TO (b)

Cancer left Ovary

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct. 14 - 1962

to

July 7 - 63

and last saw her

him alive on

7-7-63

Death occurred at

6:25

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. J. Hunt

22b. ADDRESS

6400 Prospect 15. C. 2nd

22c. DATE SIGNED

7-8-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

BURIAL

23b. DATE

JULY 10 1963

23c. NAME OF CEMETERY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

24. FUNERAL DIRECTOR

D.W. NEWCOMERS

25. DATE RECD. BY LOCAL REG.

7-10-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

J. Hunt

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1

2 9150 2

3

4 1

5 1

6

7 1

8 2

9 175.0

10

11

12 64-0

13

CONFIDENTIAL

Dr. Claude Jackson Hunt
Suite #132. 6400 Overpost Ave. - Research Hall Office 154
2:00-4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Boyer

Licensed Embalmer No. 4892

P. O. Address Overland Park, KS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.